



West Lafayette Wastewater Utility

Make it easy with Electronic Deduction!

West Lafayette Wastewater is now offering a direct payment program. This alternative payment system allows you to pay your wastewater and trash bill automatically by having the payment electronically deducted from your checking or savings account.

With Electronic Deduction you:

- Save time by not writing a check for each wastewater or trash bill
- Save the cost of postage and checks
- No longer worry about paying bills while you are out of town on business or vacation
- See your wastewater and trash bill before it is paid so you know the exact amount of your payment and the exact date it will be deducted from your account

West Lafayette Wastewater will send you a bill card by mail each month before your bill is due. You will know the exact amount of your payment and the exact date it will be deducted from your account.

To sign up for Electronic Deduction, fill out the enclosed automatic payment plan authorization agreement

supplying West Lafayette Wastewater with an attached voided check or a voided deposit slip. Return the information to our office at:

West Lafayette Wastewater Utility

500 S. River Road

West Lafayette, Indiana 47906

Electronic deduction is the most convenient and reliable method of paying your bill, and the service is free. Many customers already enjoy the advantages of direct payment programs.

For more information call our billing office at 765-775-5140. Start making it easy today by filling out and sending in the attached form.

Make it easy with Electronic Deduction!

----- PLEASE CUT ON LINE -----

AUTOMATIC PAYMENT PLAN AUTHORIZATION AGREEMENT

Mail to:
West Lafayette Wastewater Utility
500 S. River Road
West Lafayette, Indiana 47906
Telephone: (765) 775-5140

I (we) hereby authorize the City of West Lafayette Wastewater Utility, hereinafter called the CITY, to initiate debit entries to my (our) [] checking [] savings account (select one), and hereafter called the FINANCIAL INSTITUTION, to debit same such account.

This authorization will remain valid until I (either of us), the CITY, or the FINANCIAL INSTITUTION, revoke it. The CITY must receive written notification from me (or either of us) to revoke the authorization in such time and in such manner as to afford the CITY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

To ensure proper bank coding, please attach a **VOIDED** check or savings deposit slip that contains your complete bank account number. **Please print.**

NAME OF YOUR BANK, SAVINGS AND LOAN OR CREDIT UNION		
BRANCH		TRANSIT/ABA NO.
SAVINGS OR CHECKING ACCOUNT NUMBER		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
YOUR NAME (as shown on Financial Institution Records)		
ADDRESS		DAYTIME TELEPHONE NO.
CITY	STATE	ZIP CODE
NAME (as shown on West Lafayette Utility account)		ACCOUNT NUMBER (as shown on Wastewater Utility bill)
SIGNATURE (as shown on Financial Institution records)		

1. _____ Date _____
2. _____ Date _____